

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES <i>For use of this form, see DA PAM 710-2-1. The proponent agency is ODCSLOG.</i>					DATE 1 Oct 1999	
AUTHORIZED REPRESENTATIVE(S)						
ORGANIZATION RECEIVING SUPPLIES HHC Any Unit				LOCATION Any Where, USA		
LAST NAME-FIRST NAME-MIDDLE INITIAL		SOCIAL SECURITY NUMBER		AUTHORITY		SIGNATURE AND INITIALS
				REQ	REC	
Soldier, Johnny R.		SFC		YES	YES	
Supervisor, Suzy A.		SSG		YES	YES	
NOT USED						
NOT USED						
AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER						
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE, THE AUTHORITY TO: Request/Receive CTA 50-900 (personal Clothing) and expendable/durable Property (ULLS-S4)						
REMARKS USPFO FOR CALIFORNIA						
I ASSUME FULL RESPONSIBILITY						
UNIT IDENTIFICATION CODE WNUTEE				DODAAC/ACCOUNT NUMBER W909T5		
LAST NAME-FIRST NAME-MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE		
Commander, Eye R.	CPT	(562)555-9999	30 Sep 2000			

DA FORM 1687, JAN 82

EDITION OF DEC 87 IS OBSOLETE.

USAPPC V3.00

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